



State of Montana
Department of Transportation Outdoor Advertising Control

THIS FORM MUST BE COMPLETED IN FULL

On Premise Sign Recognition Application and Permit

For Locations Adjacent to Interstate and Federal Aid Primary Highways and the National Highway System

SIGN OWNER

1. Name	Area Code – Telephone Number	Permit Number
Mailing Address		Date Issued
City, State, ZIP Code		Expiration Date
E-Mail Address		Permit Status REVOCABLE

ORGANIZATION

2. Organization to be recognized	Area Code – Telephone Number
Mailing Address	
City, State, ZIP Code	

LOCATION

Highway #	Nearest Milepost	Side of Highway
City	County	Distance & Direction to Nearest Sign

DESCRIPTION OF RECOGNITION

<input type="checkbox"/> Plaque	<input type="checkbox"/> Movable Message Board	<input type="checkbox"/> Other
<input type="checkbox"/> Single-Faced	<input type="checkbox"/> Double-Faced	<input type="checkbox"/> Multi-Faced

DESCRIPTION OF MESSAGE TO BE DISPLAYED

COMMENTS

SIGN OWNER CERTIFICATION

I agree to abide by the provisions of this application and 75-15-101, et seq., Montana Codes Annotated, and 18.6.201, et seq., Administrative Rules of Montana.

Signature _____ Date _____

FOR OFFICE USE ONLY

I hereby recommend _____ Date _____
(Approval/denial)

Signature _____ Local Government Authority _____

Application _____ Date _____
(Approved/denied)

Signature _____
Coordinator, Outdoor Advertising Control

RESTRICTED USE PERMIT APPLICATION